Section 1

Asking the Right Questions

After completing this section of the module, you will be able to:

- Select two specific provider techniques to approach patients for sexual history taking
- Identify four common pitfalls in sexual history taking
- Formulate specific questions assessing sexual behaviors
- List the information to be elicited for a complete sexual history

STD/HIV Prevention Training Center *of New England*
A Project of the Division of STD Prevention
Massachusetts Department of Public Health
Funded by the CDC

The Case of
John Corporate

Mr. Corporate is a 50 year old successful business executive who has been your patient for over seven years. He comes in your office today for his annual examination, with no complaints. As part of his medical history, you review lifestyle behaviors such as smoking, drinking, diet and exercise. You know he has been married for over 20 years to a woman who is also your patient. You think you know this man pretty well. He is a serious and responsible person.

So you decide to:

Choose only one answer

○ **A**

Skip the sexual history. After all, you know he is married and you don't want to pry. You don't think he looks unreliable.

○ **B**

Ask him how is wife is doing, which should indirectly cover the sexual history.

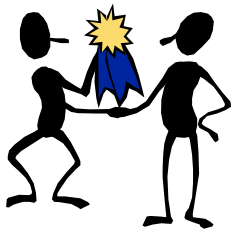
○ **C**

Inquire about STD symptoms. If he doesn't have any, then you don't have to go any further.

○ **D**

Ask about his sexual activity as part of his health assessment.

Answer to: What to do about the sexual history?



If you answered D, Congrats! You are right!

Sexual history taking should be part of the health assessment of *every patient, regardless of his/her educational, marital and socioeconomic status*. Of course, you may have answered D because you know it's the right answer to give, but would you do it in real life? Do you know how to approach this patient? You may be embarrassed to ask him about his sexual behaviors and you may not be sure how to introduce the topic or how to ask the questions. If that's the case, you are not alone.

Many primary care providers feel the same way.

As we progress through this module, we will address these issues.

If you answered A, B or C, you're wrong…

A. You should not make the assumption that, because of his stature and marital status, he is sexually active only with his wife or has no other sexual partners.

B. It's unlikely that you will get any kind of information about his sexual activity by asking how his wife is. Furthermore, after hearing that question, the patient may be even more reluctant to reveal if he has any other sex partners.

C. Many STDs, such as *Chlamydia trachomatis* or human papillomavirus (HPV) infections, are asymptomatic. Therefore, the absence of symptoms does not exclude the presence of STDs, nor does it signify that the relationship is monogamous.

Make no assumptions about a patient's sexual behavior based on his/her marital, educational or socioeconomic status.

Mr. Corporate is a model of healthy lifestyle: he does not smoke, exercises regularly, eats a low fat and high fiber diet, drinks wine moderately and even flosses every day. You now decide to address the sexual history. You are concerned that he may think this is inappropriate, knowing his background.

Write down two sentences that you could use to introduce the topic to Mr. Corporate

1)

2)

Answer to: How to introduce the topic of sexual activity?

You want to put Mr. Corporate at ease as much as possible about answering the questions you will be asking. Patients need to feel the provider's comfort and receptiveness. Remember that it is the clinician's own perception that patients will be shocked by questions about sexual activity. In fact, most patients welcome them. You can introduce the topic either when assessing general lifestyle issues (smoking, drinking, exercise, etc.) or when doing the genitourinary or gynecological symptom review. Don't assume that if the patient doesn't bring up the topic that he/she has no concerns.

Mr. Corporate may also be concerned about confidentiality because his wife is also your patient.

The following sentences can be a good introduction to the topic if this a new patient, and/or you have concerns about the patient reaction if you have not asked these questions before (or for a long time).

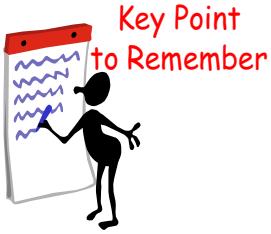
Here are two examples:

"Mr. Corporate, I take a sexual history on all patients as part as their health assessment. I know some questions may be sensitive, but the answers are important for me to know so I can provide adequate care. I need to understand if you are at risk for STDs. Any information you give me is strictly confidential and will stay between us."

Or

"Mr. Corporate, I am now going to ask you some straightforward questions about your sexual activity. This is a usual part of the medical history for all patients when they come for their annual examination. It is necessary for me to know if you are at risk for STDs in order to provide good care. I make no assumptions. I know that this subject is very personal, and I divulge the information to no one."

However, many experienced clinicians prefer to ask the questions in the flow of assessing other health related behaviors in order to avoid singling out the topic, and perhaps needlessly conveying the uncomfortable nature of the topic when in fact, the patient may not have perceived it that way.



Explaining why you are taking a sexual history and acknowledging the sensitive nature of the questions is the often the preferred approach to the patient. Explain that sexual history is done on every patient so the person does not feel singled-out. Reinforce confidentiality and convey permission to be frank.

A more casual presentation to Mr. Corporate would be the following:

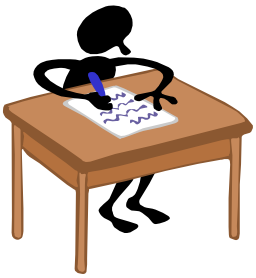
"Mr. Corporate, I know you're married. But have you had any sex partners other than your wife, either men or women, in the last year?"

Reaffirming confidentiality is still important.

So, you will be the judge as to which approach is more comfortable for you as well as for the patient depending on the circumstances and setting.

You introduce the topic. “I understand. Go ahead,” says Mr. Corporate. You think he is taking this pretty well. He is sitting there waiting for you to start asking.

Which three questions would be appropriate to begin with?



___ A

You only have sex with your wife, right?

___ B

Tell me about your current sexual activities?

___ C

Do you have sex with men, women or both?

___ D

Have you fooled around lately?

___ E

How many sexual partners do you have?

___ F

Do you have any sexual concerns you would like to discuss?

___ G

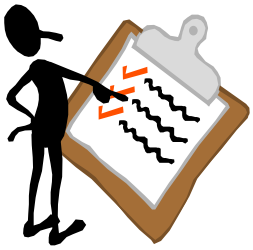
Do you think your wife has other sex partners?

___ H

Are you having problems coming?

Answer to: Which questions to ask?

Do's…



A good choice of questions to begin with is B, E or C. You'll need to be flexible depending on the answers you receive. If Mr. Corporate states he is not sexually active in answer to Question B, you will need to define exactly what he means by this: sexual activity means different things to different people. You will have the opportunity to assess this in more detail as we move through the module. Beginning with open-ended questions encourages a more complete history and begins the dialogue. This can be followed by more close-ended questions.

Question C facilitates disclosure of same gender sexual activity and that you are open to hearing about the patient's experiences.

Question E and G are straight forward in assessing whether the relationship is monogamous, but you first need to clarify what he is doing C before assessing what the partner is doing G.

Question F leaves the door open to discussing any issues that have not been brought up by the previous questions, and wrapping up the topic. This can come at the end of the assessment.

Definite Don'ts…

A. Avoid leading questions! Furthermore, the wording assumes that the patient has no other sex partners, or that you certainly think he shouldn't. You may have just closed the door to any frank discussions about sexual partners. Avoid assumptions… judgement…

D. Avoid euphemisms! This a good choice only if you want to embarrass the patient. Besides, exactly what do you mean by this?

H. Use terminology that is appropriate to the level of understanding and comfort. You don't want to use too much medical jargon, but on the other hand, you don't want excessive informality. If you are not sure, start with more formal terms, and then follow the patient's lead. In this case, it would more appropriate to ask the patient if he has problems with impotence or orgasm.

Key Point to Remember

When taking a sexual history, avoid leading questions. Use words appropriate for the level of understanding and be clear. Don't act surprise by the answers you get. Be non-judgmental and sensitive. Nonverbal communication needs to convey comfort and responsiveness Beginning with open-ended questions such as "Tell me about …" encourages a more complete sexual history.

Mr. Corporate answers that he is sexually active only with women. When you ask him about the number of sexual partners he has, he starts to shift in his chair. He says he is often away on business trips where he meets "many attractive young women." He has had sex with five women other than his wife this past year alone.

You really did not expect this answer. So you:

Choose any or none of the following…

☐ **A**

Fall off your chair.

☐ **B**

Stare at him with eyes and mouth wide open.

☐ **C**

Excuse yourself for a quick bathroom break to decide what to do next.

☐ **D**

Start laughing and say: You have GOT to be kidding!

☐ **E**

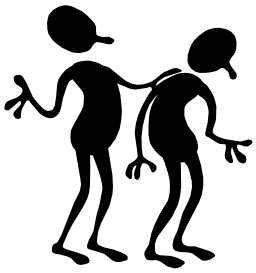
Start admonishing the patient for his bad behavior.

Answer to: How to respond to Mr. Corporate's answers?

Obviously, none of the above!

A little humor to drive home the following point:

Don't act surprised, shocked, or embarrassed by the answers you get. And don't be judgmental. Body language and nonverbal communication is very important in conveying your comfort level.



This may not be an easy task. Perhaps our own difficulty tolerating what we may learn about people's sexual behavior is a factor in our reluctance to do a sexual history in the first place. You need to learn to be comfortable asking the questions, but also to learn to deal with the answers.

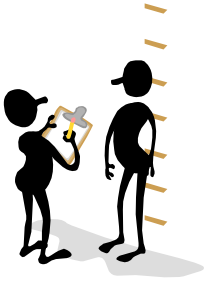
You need to appear relaxed and pursue the history as you would for any other medical problem. The next step is to ask Mr. Corporate in what sexual behaviors he engages in (oral/vaginal/anal penetration), if he uses condoms, (if he answers "yes," when and under what circumstances he uses them), and what he knows of the sexual partners.

Mr. Corporate engages in vaginal penetration and receptive oral sex. He never uses condoms for oral sex, but says he has used them occasionally for vaginal sex. He never uses condoms when he has sex with his wife, which occurs about once a week. He met the other women through work, and doesn't think any were commercial sex workers. He doesn't think his wife has any other sex partners. He is not concerned about STDs because he has no symptoms and he only has sex with professional women…

How would you rate Mr. Corporate's risk for these STDs?

Choose only one answer for each

	Low	Moderate	High
Gonorrhea	o	o	o
Chlamydia	o	o	o
Syphilis	o	o	o
HIV	o	o	o



(To be continued in Section 2 on page 59)

For now, let's move on to the next case…

The Case of
Juan Fernandez

Mr. Fernandez is a 20 year old student presenting to your office at the student health center because he has been feeling tired lately. He doesn't complain of any other symptoms. He doesn't think he's lost any weight. His medical history is benign. Although he looks tired, he appears otherwise healthy. He is a member of the university's basketball team, so he exercises regularly. He drinks occasionally on weekends. He does not use drugs and does not smoke. He has not traveled abroad lately. He is originally from Puerto Rico. His family has been living in Boston for the past ten years. You have had the opportunity to see him previously for various sports related problems that were not serious.

Taking a sexual history in this context is not necessary

Choose only one answer

- ○ True
- ○ False
- ○ Not Sure

Justify your answer:

Answer to: Taking a Sexual History is not necessary?

False!

When patients complain of fatigue, you need to rule out a variety of medical problems, including some that could have been sexually transmitted, such as hepatitis B or HIV infection. Although this patient may be tired because he is overworked, overstressed and overexercised, you still need to assess if any risk factors exist for HIV infection or other STDs. You probably thought the answer was obvious given the topic of this module, but it's easy to overlook this in a busy student health center. It's also important to define what the patient means by "being tired."

If you answered True, wrong!

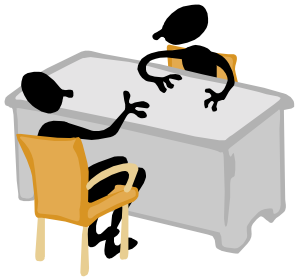
You are unfortunately:

(A) missing an opportunity to perform an HIV risk assessment,

(B) completely overlooking STDs in your differential diagnosis and perhaps

(C) even potentially failing to make the right diagnosis.

You tell Juan (he feels more comfortable if you call him by his first name) that you need to ask some questions about his sexual activity because you need to assess all possible causes of fatigue, which can include sexually transmitted infections such as hepatitis. When you ask him to tell you about this, he responds that he has not been having sex.



Write down what you would ask him at this point

Answer to: What to ask next?

Whether a patient answers yes or no to sexual activity, you need to clarify the answer. First, establish what you mean by sexual activity. You are probably familiar by now with the concept that sexual activity means different things to different people. Hence as published, many individuals do not consider oral sex as "being sexually active" or even "having sex." You could say to Juan:

"I'd like to make sure I understand your answer. People have sex in many different ways. By sexual activity, I mean to ask if you are having any oral, vaginal or anal sex."

You can then proceed to inquire about each behavior by defining them. For example you could ask:

"When was the last time you put your mouth on a partner's genitals or he/she put his/her mouth on your genitals?"

Another issue to clarify is the time frame. Patients may interpret your questions as "are you *currently* sexually active," and answer no because they the last time they had sex was two weeks ago. Again, time is relative and may be interpreted differently. You could ask Juan:

"When was the last time you had sex?"

When assessing sexual activity, look to clarify the answer by asking about specific sexual behaviors (anal/oral/vaginal). Patients may interpret the language or "sexual activity" differently than you do. Introducing the questions by a generalizing statement such "people have sex in many different ways" is less threatening for the patient. He/she ill not feel like they are the only one engaging in these activities and may feel more comfortable in describing their behavior.

Juan answers that the last time he had sex was one month ago, and that he had oral sex. He's pretty busy with academic work and his sport activities, so he claims he has neither the time nor the inclination for sex. He looks at the floor and shifts the conversation towards how demanding school work is and how stressed he is.

At this point in the conversation, you are:

Choose one or more answer(s)

☐ **A**

Satisfied with the answers you received. After all, there is no point in probing any further. Juan clearly feels uncomfortable about this. You don't want to sound like you are some kind of voyeur and it is clear that he is concerned primarily with his school and sports activities.

☐ **B**

Having the feeling that Juan is avoiding the topic, but you're not quite sure why that is. He may be reluctant to provide any further detail of his sex life. You notice he is avoiding eye contact.

☐ **C**

Aware that you don't have enough information to truly assess his risk for HIV/STD.

☐ **D**

Wanting to get back to the topic of sexual activity without annoying the patient and you're wondering how to do this.

☐ **E**

Sure that because Juan goes to college and has been living in the USA for over ten years, he should be acculturated. You should manage his case like any other American-born student.

Answer to: How do you feel about Juan's answers?

A. Satisfied? NO! At this point, you really don't have a complete sexual history, and you're not much more advanced then you were in the beginning. Although you were astute enough to recognize Juan's uneasiness, you need to find a way to get back to the topic.

B. Looks like Juan is avoiding the topic? YES! You are also astute in detecting the uncomfortable zone. It's difficult at this point to determine why Juan is uncomfortable, but you need to take into consideration Juan's *cultural background*. He is Latino, and there may be cultural taboos in discussing sex with a relative stranger. You notice he avoided specifying the gender of his partner(s)…

C. Need more information? YES! Clearly, you need more information about his sexual behavior to determine his STD/HIV risk, such as: Does he have sex with men, women or both? Has he had other types of sexual behavior in the past in addition to oral sex? Was it receptive/insertive oral sex?

D. Want to get back on the topic? YES, BUT HOW? This will depend on your level of experience. You clearly want to go back to the topic, but you may or may not know how to do this with tact and *cultural sensitivity*.

E. Juan is acculturated? WRONG! It's very important to take each student's *cultural background* into consideration when taking a sexual history. Although persons from other countries of higher educational and socioeconomic levels, who have been living in the USA for a number of years, and who are English speaking tend to think and act more like the host culture, you cannot make any assumptions. You need to determine when cultural differences are important.

When seeing patients from a different cultural background than yourself, assess the degree of "behavioral ethnicity"[1] by looking at the following predictors[1]:

- Recent immigration to the USA at an older age
- Frequent returns to the country of origin
- Emigration from a rural area
- Lack of or limited formal education
- Lower socioeconomic status
- Segregation in an ethnic subculture in this country
- Inexperience with Western health care systems
- Major differences in language, dress and diet

[1]*From Lipkin, Putnam and Lazare: The Medical Interview. American Academy of Physicians and Patients. NY, Springer 1995, Reprinted with permission.*

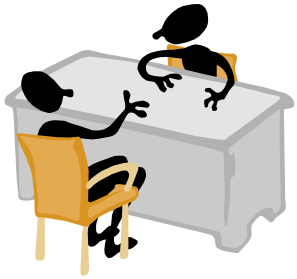
So far, can you assess the degree of Juan's behavioral ethnicity?

Let's look more in detail what we mean by providing culturally sensitive care, and in this case, as it particularly relates to the Latino community.

First, let's make it clear that there is no monolith. There is more diversity *within* ethnic/racial groups than *between* them. Being from Mexico is not the same as being from Puerto Rico, Cuba, El Salvador, Columbia, the Dominican Republic, Argentina or any other country where Spanish is the dominant language. Each culture has its unique beliefs.

It's important not to stereotype, but there are some common issues that you need to be aware of. Although sexuality is always a sensitive topic, it is a particularly thorny topic to discuss with Latinos. Let's look at other issues:

Personalismo



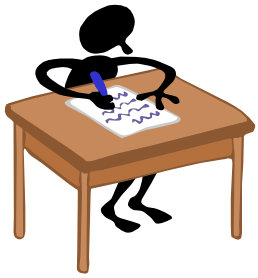
Many Latinos have a strong need for personalized relationships built on trust, respect, pride and dignity. *Time orientation* is different and saving time is less important than interpersonal relationship.

Describe some ideas that might help you adapt your interview for Juan

Familismo

The family, often extended by friends and many relatives, is the primary social unit and the source of support among Latinos. It is perceived that the needs of the family take precedence over one's own needs. In some instances, medical decisions are made only after discussing the issues with the whole family and everyone will try to help in any way they can. However, sex is never discussed within the family other than very generically.

Describe some ideas that might help you adapt your interview for Juan



Machismo

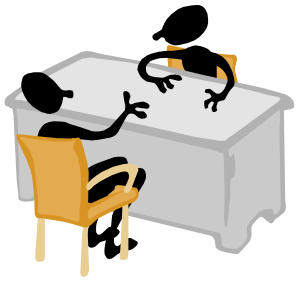
The traditional role of the male (being the authority, aggressive and domineering) prevails in less acculturated Hispanic families. There is a strong heterosexual influence: sexual performance and being "a man" is very important. Men are often thought as being incapable of controlling their sexual impulses and having sex outside of the main relationship is tolerated.

There is a high degree of homophobia. In fact, many men who engage in same gender sexual activities do not consider themselves homosexuals. There may also be the perception that engaging in receptive anal intercourse identifies a man as gay while engaging in insertive anal intercourse identifies him as heterosexual. There may be fear of getting tested

for HIV because it could be associated with homosexuality. Most Latino men who have sex with other men are closeted, also engage in sex with women, and may engage in sex with men only when under the influence of drugs or alcohol.

Machismo also has a positive side. Latinos perceive themselves as responsible for the well being of the loved ones. A man may not care about himself, but will be touched if his behavior is hurting people he cares about. In these circumstances, even if they won't admit to risk taking, most men will try to change their behavior.

Describe some ideas that might help you adapt your interview for Juan



Answer to: Describe some ideas that might help you adapt your interview for Juan

Personalismo

We, as professionals in the USA, tend to maintain distance between ourselves and our patients as a way to protect our personal and professional space. However, for Latinos, becoming friendly with the provider (to a higher degree than what we may be accustomed to in American culture) is what makes the difference between cooperation or hostility and silence. No patient, regardless of his/her cultural heritage, wants to be considered as a collection of body parts by his/her provider. But you may need to go a step further (without going to extremes) in showing amicable interest with Latino patients. At the very least, to be remembered by the provider by first name, or by another personal quality/event can make a difference and set the tone for a more personal experience. In fact, before you ask any question about sexual activity, you need to develop a relationship with the patient, because once you get a negative answer, it's very hard to go back. In this case, since you have seen Juan before, you should greet him by his first name, follow his lead about work and sports and ask him how he is doing, etc.

Familismo

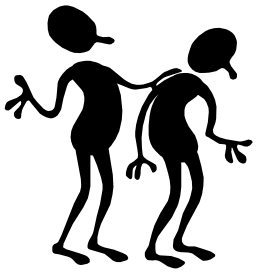
You can ask Juan about his family, and whether he has any concerns about them. Does he feel particular pressure to perform in college? You can reassure him that all discussions will remain between you and him, and that the family will not be involved unless he wants to. Latinos are likely to choose a brother, father or any male figure to provide support if needed, when needing help with issues acceptable to men in society. For controversial issues (such as HIV, sex with men) men will be more likely to let their mothers know. They, in turn, will broker any communication to the family.

Machismo

As a rule, when taking a sexual history, the focus should be on behaviors rather than sexual orientation. But this is even more salient when caring for Latinos as they may not self-identify as being gay even if they engage in same gender sexual activities. Therefore, you will need to ask specific questions as to the type of sexual activity and gender of partners and the circumstances without trying to pin point Juan's sexual orientation. You can ask Juan if there are any aspects of his sexual life that are troubling him (is he concerned about his sex drive?)

References at the end of this module are good sources of information and skills-building on cultural issues.

Putting it all together



Going back to page 19. Follow Juan's lead and discuss his school work and his level of stress. Remember some personal event you can ask about to continue to build the relationship. When you have covered these topics, tell Juan that you noticed that he seemed uncomfortable when you approached him about his sexual activities. You understand why he feels uneasy, because it can be difficult to discuss these issues, but reassure him that all that is said will remain confidential. Then, go back to his last statement.

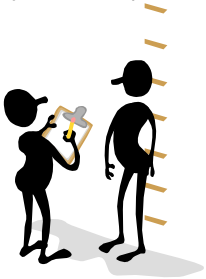
"You told me that the last time you had sex was one month ago and it was oral sex. Can you tell me more about this encounter?"

Juan tells you about his last encounter. It was with a man he met at a bar after they had a couple of drinks. He had both receptive and insertive oral sex. He didn't have any anal sex. When you ask him if he has had sex with men before this encounter, he says yes, many times. In fact, he has had many male sexual partners in the last year and knows very little about them. He has had anal sex, both receptive and insertive, and did not always use condoms. He meets men always outside of the university setting because he doesn't want his team mates to find out. He also dates girls, but has not had sex with women in the last 6 months…

How would you rate Juan's risk for these STDs?

Choose only one answer for each

	Low	Moderate	High
Gonorrhea	o	o	o
Chlamydia	o	o	o
Syphilis	o	o	o
HIV	o	o	o



(To be continued in Section 2 on page 79…)

For now, let's move on to the next case…

The Case of
Susan Shy

Ms. Shy is a thirty year old graphic designer who presents to your office complaining of vaginal discharge. She just moved in the area, so this is her first visit. Ms. Shy has had this for about 1 week, has not noticed any odor, but complains of vulvar itching and burning. She does not have any urinary symptoms or abdominal pain, nor has she noticed any vaginal bleeding. She is not using any medication. Ms. Shy states that she gets these symptoms a few times a year, sometimes without vaginal discharge, but this time, it's worse. After tactfully introducing the topic, you proceed to do a sexual history.

Which FIRST question(s) would NOT be appropriate?

Choose one or more answer(s)

☐ **A**

When was the last time you had sex?

☐ **B**

How many sexual partners do you have?

☐ **C**

What method of birth control do you use?

☐ **D**

Does your partner use condoms?

☐ **E**

Do you have sex with men, women or both?

☐ **F**

Do you have vaginal intercourse?

Answer to: Which FIRST questions would NOT be appropriate?

If you answered C, D, F, **correct!**

Why? These questions are framed around heterosexual concerns and assume that the patient only has sex with men. According to the Kinsey Report, at least 5% of the female population has sex exclusive with women. Therefore, clinicians need to be aware that some of their female patients identify themselves as lesbians. All women cannot be presumed to be heterosexual. You first need to assess whether the patient has sex with men before you ask about contraceptive methods or whether the men are using condoms. Inquiring about vaginal intercourse without specifying the partner's gender may be construed by the patient as penile vaginal penetration. Although women who have sex with women also have vaginal penetration with fingers or objects, it is best to avoid confusion. Inquire about the gender of partners first, and then ask about the specifics of the behavior. Make no assumptions!

What about the other questions?

They are all appropriate, and can be asked in any order. They are not gender specific. Another way to ask about sexual partners without assuming heterosexuality is:

"Tell me about your sexual partner(s)"…

Assess the gender of sexual partners before asking any questions that are gender specific, such as the method of birth control, male condom use, penile penetration. Patient should feel comfortable that revealing their sexual orientation will not result in poor care, a negative reaction or abandonment. You should convey this by your comfortable and nonjudgemental attitude.

Ms. Shy tells you that the last time she had sex was three days ago. She has one female partner for the past year. She lives with her partner.

At this point:

You have enough information and no further questions are necessary. She can't possibly get an STD. You can proceed with the examination

Choose only one answer

- ○ True
- ○ False
- ○ Not Sure

Answer to: Ms. Shy can't possibly get an STD?

False!

Women who have sex with women may also be sexually active with men, either currently or in the past. You need to ask Ms. Shy if she has ever had sex with men, and if so, when was the last exposure. You can also ask her about her female partner and whether she thinks she has other partners, including males. Inquire about a history of STDs. Remember what you learned from the last cases. Explain why you are asking these sensitive questions.

STDs (gonorrhea, chlamydia, syphilis) are infrequent in women who have sex only with women. However, herpes simplex virus infections can be transmitted by orogenital or genito/genital contact, and human papillomavirus infections can also be transmitted by genito/genital contact. *Trichomonas vaginalis* has also been observed in monogamous lesbian couples. There is also potential for HIV transmission through exchange of vaginal secretions and blood (sex during menses).

Again, remember relevant key points: explain why you are asking the questions, reaffirm total confidentiality. Like other sexual minorities, women who have sex with women may also be more comfortable discussing their sexuality if they know that this will not be detailed in their medical record. However, you need to let the patient know what you believe is relevant to include in the record for continuity of care and good medical practice. Some information is important to record in some way because it can impact the patient's physical and psychological health.

Avoid leading questions, don't act surprised with the answers you get, look comfortable!

It would be helpful to ask about sexual behaviors with her female partner: is there any vaginal penetration with fingers or any objects (also known as sex toys)? Is there exchange of sex toys? Does she receive or give oral sex? Is there anal penetration with fingers or sex toys? Are toys shared and if so, do they use condoms or clean them in between use with either partner?

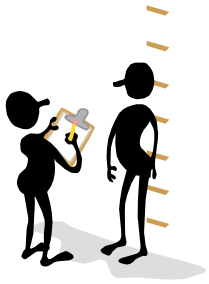
The majority of women who define themselves as lesbians report past heterosexual contacts. It is important to ask about past exposures in your patient and their partner(s).

Ms. Shy states that she has not had sex with men for six years. She states that she has never had an STD, all testing was negative six years ago, including an HIV test. However, she knows that her current partner has had sex with a man, an ex-boyfriend, three months ago.

Ms. Shy and her partner engage in digital vaginal penetration, use sex toys, and engage in oral sex.

How would you rate Ms. Shy's risk for these STDs?

Choose only one answer for each



	Low	Moderate	High
Gonorrhea	o	o	o
Chlamydia	o	o	o
Syphilis	o	o	o
HIV	o	o	o

(To be continued in Section 2 on page 91…)

For now, let's move on to the next case…

The Case of Tracy Teen

Fourteen year old Tracy presents at your office today with her mother for her annual school physical. You have been seeing Tracy for routine care since she was born, until the family was transferred to another city four years ago. Tracy had always been in good health and had been doing well in school. They moved back in the area a few months ago. When entering the exam room, you realize that Tracy is accompanied by her mother:

So you decide to:

Choose only one answer

○ **A**

Take your history and conduct your exam with both Tracy and her mother in the room. You know that it is frequently difficult to get adolescents to talk, so Tracy's mother will help in answering questions.

○ **B**

Explain to Tracy and her mother the structure of the visit and its confidential nature, and that you are always interested in speaking with both parent and adolescent after the exam. You tell the mother that for now, you would like her to have a seat in the waiting room.

○ **C**

Ask her mother to leave, telling her that you have some private matters you wish to question Tracy about.

○ **D**

Ask the medical assistant to join the group, as she frequently has a way with teens that might help you in your interview.

Answer to: What to do about Tracy's mother?

If you answered **B**, good for you!

Adolescents are more likely to confide in pediatric and family practice clinicians if they know that their conversations will be kept confidential. It is best if the parents have been coached early on in how to pull back enough to give the teenager some privacy (is this part of your office policy?) but in this case, you may not have had the opportunity to do so. *C* is not the way to accomplish this.

If the parent is present in the room, frank discussion about drugs, alcohol and sexual activity is very unlikely to occur. Skipping the topic altogether is not appropriate for anticipatory guidance.

If the adolescent is comfortable being interviewed alone, she/he should be. Adding another person to the room will probably not create an environment conducive to discussion of highly sensitive subjects. However, some adolescent girls may be uncomfortable with a male provider. If staffing permits, consider offering her an examination with a female provider. A chaperone should be present if desired.

Recommended in the AMA *Guidelines for Adolescent Preventive Services* (GAPS) - physicians should establish office policies regarding confidential care for adolescents and how parents will be involved in that care. The adolescent will have the opportunity for examination and counseling apart from the parents, and the same confidentiality will be preserved between the adolescent patient and the provider as between the parent/adult and the provider. A general policy guaranteeing confidentiality for the teenager, except in life-threatening situations, should be clearly stated to the parent and adolescent either verbally or in writing.

These policies should be made clear to the adolescents and their parents either at the initiation of the professional relationship or, if possible, practitioners should talk to children and parents before they reach adolescence about maintaining confidentiality when the child does become an adolescent and decides to see the clinician.

Despite your tactful approach, Tracy's mother says that she and Tracy have no secrets and that she would like to remain in the room for the entire examination.

The best approach for you to take now is:

Choose only one answer

○ **A**

Call security and ask to have Tracy's mother removed.

○ **B**

Ask Tracy if it is OK if her mother stays.

○ **C**

Continue to be very tactful in telling Tracy's mother that, while you are always interested in speaking with both parents and adolescents, you believe that it is important to recognize a teen's growing independence by assuring privacy just like you do for adults. You can tell her that you would like to have the opportunity to speak to each one of them alone, so that she too will get the chance to meet you alone.

○ **D**

Ask your medical assistant to handle Tracy's mother while you talk to Tracy.

Answer to: More on what to do about Tracy's mother?

If you answered **C**, you are on the right track.

It is important to assure Tracy's mother that she will have an opportunity to speak with you alone. This can be accomplished after the exam while the teen is getting dressed. Parents are concerned about their children's health!

In addition, this time alone with Tracy's mother is particularly important to address parenting issues during adolescence (see key points).

You need to be firm about seeing the adolescent alone (but not draconian as in A...).

Maintaining open communication with both the teen and parent creates an optimum environment for providing health guidance to parents. This will help them respond appropriately to the changing health needs of their adolescent. This is a difficult time for parents as they see their children grow and become independent, and less involved with them in their daily lives.

Recommendations by GAPS - parents or other adult caregivers should receive health guidance at least once during their child's early adolescence, once during middle adolescence and, preferably, once during late adolescence.

These should include information about normative adolescent development, including information about physical, sexual, and emotional development.

The goal from pre-teen years on should be to facilitate communication between the adolescent and the family and to enlist parental support for the adolescent's responsible sexual behavior (including contraception) whenever possible.

You have finally been successful in convincing Tracy's mother to step outside. You know that this is your opportunity to talk to Tracy about several important issues but your time is limited.

So you:

Choose only one answer

○ **A**

Quickly ask if she has had sex yet.

○ **B**

Repeat, before you ask any sensitive questions, that anything you discuss will be completely confidential; that means that you won't discuss it with Tracy's parents or anyone else without her permission.

○ **C**

Start right out with questions about risk behaviors such as drug use and unprotected sexual intercourse as you know that most teens appreciate a more direct approach.

○ **D**

Tell Tracy that you know she is a good girl and are sure that she isn't doing anything her parents would not approve of. Right?

Answer to: How to proceed with Tracy?

A and **C** are NOT correct!

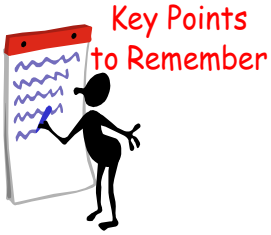
Why? Because most teens will respond best if the interview is less formal and will be more comfortable answering questions on less sensitive topics initially. Besides, Tracy may think that what she answers is going to be reported right back to her mother…

D is obviously not correct.

Because you have conveyed what *you hope to hear from* Tracy. You are basically answering the question yourself. What a leading question!

So, **B** is the best choice.

You need to reinforce confidentiality. *But you also need to set what the limits are:* That you won't share discussions without her permission *unless* she plans to hurt or kill herself or somebody else or otherwise tells you something very concerning that you feel you need to share with the parent. If you feel that you need to talk to the parent about something that the teen has said, you will discuss that fact and what you plan to say with the teen first.



Starting with a discussion about confidentiality early in the interview increases reporting of sensitive behaviors by adolescents.

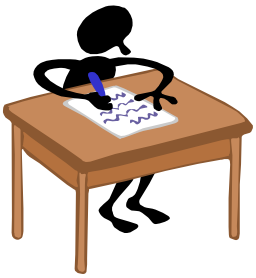
Let the teen know that you provide confidentiality with limits; in cases where you identify a very serious problem, you will talk about how to let others know about it. Adolescents must understand under what circumstances the provider will abrogate confidentiality.

Care givers should be familiar with their own state laws, but in general, the adolescent's right to contraception has been upheld consistently in court either through specific statutes or the "mature minor" doctrine. In Massachusetts, state law permits providers to diagnose and treat STDs, and to diagnose and manage (except for abortion) pregnancy without parental consent.

(GAPS) Implementation and Resource Manual lists the laws affecting an unmarried, unemancipated minor's right to make decisions about medical care, abortion and other important issues in 50 states and the District of Columbia (p112-117).

In response to your reassurances about confidentiality, Tracy says that she is relieved to know that her conversation with you is confidential; she always assumed that anything she spoke about with her family physician would be shared with her parents. Despite her statement of relief, you know that most adolescents are not very forthcoming with information about their private lives.

Write down what you think is the best way to approach the topic with Tracy.

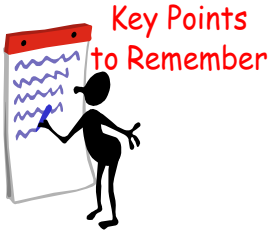


Answer to: How to introduce sensitive topics with teens?

Although it is true that some teens will lie about behaviors related to drug use and sexual activity. The more trust the teen has in his or her provider, the more open they will be in their responses. You need to set the stage for this.

Start with non threatening topics first and gradually move to more sensitive issues. You can start by asking Tracy how things have been in school, and continue to show interest by asking her questions about friendships and what activities she enjoys outside of school. You can introduce the topic of sexuality while you do a gynecologic history. Use "HEADS" as one good way to remember how to move from less sensitive topics (Home, Education) to more sensitive issues (Activities, Drugs/Depression/Dating, Sex).

It is best to have discussions about sexuality while the adolescent is dressed and, depending on the answers, explanation about the examination that will take place afterwards. If the teen is coming for episodic care, say for a sore throat, some providers take the opportunity to ask about oral sex while examining the pharynx. You definitely don't want to ask the questions while doing the gyn exam.



Begin the interview informally. Ask the teen what is going on in his or her life. Don't just go through the motions – be interested in what is being said.

Use open-ended questions to encourage the teen to talk.

Screening for health-protective or health-harming behaviors such as seat-belt use or excessive dieting conveys your interest and these are frequently perceived as less sensitive topics than sexual activity by most adolescents.

Tracy tells you that she has been doing well in school. She is happy to be back in the area. She already has new friends. You ask her about any physical complaints. You finish the medical history with the gyn issues. You review menarche and date of last menses, which was approximately 5 weeks ago. Tracy reports that her menstrual cycle varies from 25 to 40 days, with flow usually lasting for 5 days. She started menstruating at age 12. She voices no complaints such as abdominal pain, discharge, etc.

So you:

Choose only one answer

○ **A**

Ask her if she thinks she might be pregnant.

○ **B**

Since she doesn't have any concerns or any STD symptoms, you don't need any further details.

○ **C**

Introduce the subject of sexual activity by first explaining that you ask all of your patients these questions and why this information is important.

○ **D**

Proceed with the physical and pelvic examination without further questions.

Answer: How to address sexual activity with teens?

By this point you realize that the obvious answer is "C" - but it is important to point out how easy it is to avoid the topic completely with adolescents who are not presenting with STD-related symptoms.

Knowledge about reproduction is often fraught with myths. Tracy may have answered to question A) that she does not think she may be pregnant. This could mean:

1) She has no sex.
2) She has sex and is using adequate contraception.
3) She has sex and her friends told her that jumping up and down after vaginal intercourse is great for preventing pregnancy so she knows she couldn't possibly be pregnant.

So ask the questions you want answered in a more straightforward manner.

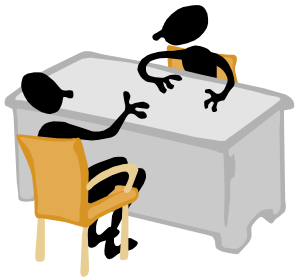
As you know, many STDs can be asymptomatic. So if Tracy has no gyn complaints, this does not exclude the presence of STDs or sexual activity.

Finally, you can't proceed with a pelvic examination before you explain (and you know yourself!) why you are doing it and what to look for.

Don't assume that an adolescent patient will be the first to introduce the subject or will volunteer information regarding sexual activity.

All adolescents should be asked at least annually about involvement in sexual behaviors that may result in unintended pregnancy and STDs, including HIV infection. Be matter-of-fact and honest. Avoid euphemisms.

Remember to take into consideration the adolescent's developmental stage and cultural/ethnic background when asking questions and making plans.



You have introduced the topic. In taking Tracy's sexual history, you know that it is important to be non-judgmental and at-ease with your questions. It is best to be straightforward about the kinds of questions you are going to ask. Use the area below to write down how you would phrase the questions about sexual activity.

Answer to: How to phrase the questions about sex when interviewing teens?

The style and content of your questions may need to be adapted for adolescents. Discussions should be appropriate for the adolescents' developmental level and should identify risky behaviors. It may helpful to have several approaches to rely on for initiating the history.

While most clinicians generally develop their own style for taking a sexual history, some suggestions are:

"Are you dating …*or*… are you intimate with *or*… are you physically close with… anyone?"

Then, you can move on to the next questions for clarification. Don't assume heterosexual behavior. Establish the gender of partner(s) first, as for all patients. Tracy states she has a boyfriend.

"Many girls (or boys) are concerned about sex. Some girls have vaginal sex…that is, the boyfriend puts his penis in their vagina… is this something that your friends have done? Have you ever done this or thought about doing it?"

or

"Many girls (or boys) your age have sex. They also have sex in many different ways. Some girls have vaginal sex, that is, the boyfriend puts his penis in their vagina. Has this ever happened for you?"

As you progress with your sexual history, make sure you ask also about oral and anal sex, and describe as above what you mean by this. Anal intercourse can occur among heterosexual teens. It may be used by some teens specifically to preserve virginity and protect against pregnancy, therefore deterring the use of barrier methods and increasing the risk for HIV. Questions also need to leave room for casual sex partners (which may not be perceived as "boyfriends") and coerced or non-consensual sexual contact including sexual violence, abuse and incest.

In response to your well – phrased questions about sexual activity, you discover that Tracy has been having vaginal and oral sex with her 15 year old boyfriend for the past 2 months. She says that they use condoms "sometimes." She has not wanted to see a health care provider because she does not want her mother to find out. She is sure that her mother will "just hit the roof" if she finds out about her boyfriend.

Your next response would be:

Choose only one answer

○ **A**

"You are right. She will hit the roof, so you should try to keep this between us for as long as possible."

○ **B**

"I'm sure your mother will understand, especially if I help you tell her."

○ **C**

"Tracy, it may be a good idea to start thinking about telling your parents. I know this is hard, but parents can often be very understanding. You can start thinking about ways to do this and if you want, I can help you. What do you think?"

○ **D**

"If I do testing, the insurance bill will come to your parents and they'll know what I did. So we might as well tell your mother right now. I'll do it for you if you can't."

Answer to: How do you respond to Tracy's sexual activity?

C is the way to go!

While assuring confidentiality, the provider should encourage teens to discuss health issues with their parents. The provider can assist the adolescent in determining how to and what to tell his/her parent(s) about his/her medical condition. Never use the word "should" with an adolescent! You don't want to be lecturing, you want a dialogue.

You could also congratulate Tracy on sharing the information with you as a demonstration of her ability to think about her sexual health and be responsible, something that you think her mother would be very proud of…

The provider should not encourage secrecy or take the lead in telling the parents without the teen's consent. Obviously, you need to establish the limits of this confidentiality as described in key point page 38.

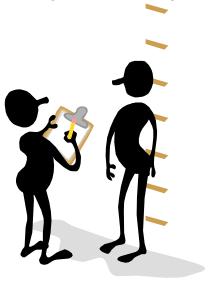
D. Unfortunately, this may happen!

Make sure your office is "teen friendly," both in structure and process. Have pamphlets and posters directed toward teen health in the waiting room. As previously described, whenever possible, start discussions with parents and children before they reach adolescence about maintaining confidentiality and visits without parents. Be firm about the policy of confidentiality in your office and have literature about this in the waiting room. Make arrangements within your office or healthcare facility to ensure confidentiality for every aspect of the visit, including billing, laboratory fees for the STD tests, notification of test results and provision of treatment.

Tracy tells you that she will think about telling her parents, but she is not ready to do this now. Your office/billing arrangements are confidential, so you are not worried about lab bills ending up on the lap of her parents. You respect her decision and reiterate your willingness to help if and when she wants it. You go back to the issue of condom use. "You told me that you use condoms sometimes with your boyfriend. Can you tell me more about when you decide to use or not use them?" Tracy tells you that they only use them during her period because she knows that's when she is more likely to get pregnant and get STDs…

How would you rate Tracy's risk for these STDs?

Choose only one answer for each



	Low	Moderate	High
Gonorrhea	o	o	o
Chlamydia	o	o	o
Syphilis	o	o	o
HIV	o	o	o

(To be continued in Section 2 on page 105…)

For now, let's move on to the next case…

The Case of John Snow

Mr. Snow is a 72 year old man who is coming in today for his annual physical examination. He lives in an elderly housing complex by himself. He has resided in the complex for a number of years. He presents today with no primary complaints. When you are taking his sexual history, he informs you that he still has sex, but "only once a month."

Given this information, you:

Choose only one answer

○ **A**

Assume that he must mean that he masturbates once a month. No need to go any further because he can't possibly *really* be sexually active at his age.

○ **B**

Don't ask about it because you don't want to embarrass him. He probably has other concerns at his age.

○ **C**

Ask him to explain what he means by "having sex only once a month."

○ **D**

No need to go any further because he has already given you his sexual history.

Answer to: How to respond to Mr. Snow's sexual activity?

C is very obvious as the right answer.

BUT… It is not always the route some providers would follow in actual practice! A detailed sexual history needs to be part of any health assessment, even in an older person. There are many providers who will find that taking a sexual history on a "senior citizen" uncomfortable. Should the approach be any different from any other sexual history that you take? What do you think? We'll see as we proceed.

Why are A, B and D incorrect?

A. You are making assumptions about *what you think* a person that age would be doing given his current living arrangements. Unfortunately, making the assumption that older adults are not having vaginal, oral or anal sex with other people has serious implications in terms of HIV and STD risk. The possibility of these infections is often completely overlooked in this age group, resulting in delayed diagnosis after negative work-ups for malignancies.

B. As previously mentioned, most people welcome questions about their sexual health if presented in a tactful and confidential manner. Explain to the patient that you take a sexual history on every patient that you see to assess for STD/HIV risk and discuss any concerns. Elderly persons may have concerns surrounding arousal, orgasm and satisfaction which need to be addressed.

D. This is obviously not a complete history. Have the patient explain what he means about having sex by asking open-ended questions such: "Can you tell me more about this?" You need to become comfortable asking these questions, regardless of the age of the patient.

Key Point to Remember

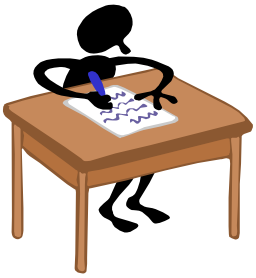
Always have the patient explain to you what they mean about "sexual activity." Do not make assumptions based on age or medical condition.

When you ask him to tell you more about "having sex only once a month," Mr. Snow explains that there is this nice woman who comes to the housing complex the first week of every month when the social security checks come in. He pays her to have sex with him.

While you may be surprised by his answer, you know you need to explore this further.

In what sequence would you ask the following questions?

Write in the sequence of the three questions you would ask



___ A

How long have you been doing this?

___ B

Mr. Snow, what do you mean by "having sex"?

___ C

How often do you use condoms?

___ D

Do you have any questions or concerns about STDs/HIV?

___ E

Do you also have sex with men?

___ F

Do you have sex with any other persons?

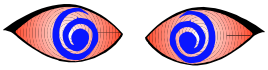
___ G

What else do you know about this woman?

Answer to: Which questions to ask first?

First, remember body language!...

Non-verbal communication can really let a patient know how you feel about his/her answers. Any negative non-verbal response such as:



or

can convey your disagreement on what the patient just shared and close the door to further communication. The tone, hesitancy, loudness of voice, clearing of throat, etc, will also be picked up by the patient. Think matter-of- fact as if you were asking any other questions about the medical history.

A good place to start would be Question B. Understanding what the patient means by "having sex" yields important information. Are they having oral/anal/vaginal sex? Are they using sex toys?

Once you define the patient's interpretation of sex, you can logically proceed with questions G and A and F, and then E to assess the number and gender of partners, as well as their STD/HIV risk. Depending on the answers you get, you can discuss further.

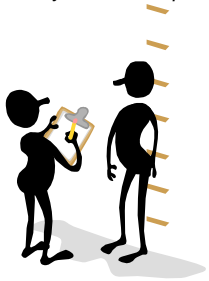
Questions C and D assess the level of STD/HIV risk. Answers will cue you as to which prevention messages will need to be delivered later on.

Question D gives you the opportunity to assess the patient's perception of their own STD/HIV risk.

Mr. Snow tells you that he only gets receptive oral sex. He doesn't have any other partners. He's been doing this for almost one year. He doesn't use condoms. He doesn't know much about her except that she does this to quite a few other men in the elderly complex. He's not concerned about all this "young stuff" about STDs and HIV. He doesn't think he's at risk given what they do.

How would you rate Mr. Snow's risk for these STDs?

Choose only one answer for each



	Low	Moderate	High
Gonorrhea	o	o	o
Chlamydia	o	o	o
Syphilis	o	o	o
HIV	o	o	o

(To be continued in Section 2 on page 117…)

In Summary, what we have learned in Section 1:

- Make no assumptions
- Reinforce confidentiality
- Integrate the sexual history in the lifestyle assessment or genitourinary symptom review
- Use open-ended questions
- Inquire about the gender of the sexual partners
- Ask specific questions about sexual behaviors
- Learn to be comfortable when asking the questions and receiving the answers

Remember that people have sex in many different ways…

- With men, women, or both
- Alone or in groups
- Anal, vaginal, oral
- With commercial sex workers
- With objects

What you need to know when taking a Sexual History:

About the sexual partner(s):

1. Sex with men, women or both?
2. How many sexual partners in the past 12 months?
3. Any new partners in the last 2 months?
4. Any regular sexual partner? Casual partners?
5. Does the partner(s) have other sexual partners?
6. Any exchange of drugs/money for sex?
7. Any partners STD/HIV infected?

About the type of exposures:

1. Vaginal sex (penis to vagina/sex toys/fingers)?
2. Oral sex (penis to mouth, mouth to penis/vulva)?
3. Anal sex (penis to anus - receptive/insertive)?
4. Number of days since last exposure?
5. Number of days since last unprotected exposure?

About STD/HIV protection:

1. Frequency of condom use: never, sometimes, always
   With different sites: oral? vaginal? anal?
   With whom: regular partner(s)? casual partner(s)?
2. Condom breakage?
3. Use of other barrier methods?

About past STDs:

1. Which infection(s)? When? What treatment?

About contraception (if needed as assessed by the above questions)

1. Method used? Adequate?
2. If no method, pregnancy desired?

While doing the gynecologic history, ask women about douching, (which can disrupt the normal vaginal flora and increase the risk of pelvic inflammatory disease).

After completing this first Section of the Module, you should be able to:

1. Select two specific provider techniques to approach patients for sexual history taking.
2. Avoid four common pitfalls in sexual history taking.
3. Formulate specific questions assessing sexual behaviors.
4. List the information to be elicited for a complete sexual history.

Now on to Section 2…